

Prescription Benefits At-A-Glance

Cook County Plan 2

Welcome to your prescription benefit program administered by Caremark. The Caremark prescription benefit is designed to bring you quality pharmacy care that will help you save money.

The information below is a brief synopsis of your prescription benefits as well as some frequently asked questions about the Caremark prescription benefit program. CVS/Caremark and **County of Cook** are confident you will be pleased with your prescription benefit program.

	RETAIL PROGRAM	MAIL SERVICE PROGRAM
When to Use Your Benefit:	For immediate medicine needs or short-term medicines	For maintenance or long-term medicines
Where:	You can use your prescription benefit at more than 62,000 Caremark participating retail pharmacies nationwide, including over 20,000 independent community pharmacies. To locate a Caremark participating retail pharmacy in your area, go to www.caremark.com and use the "Find a Local Pharmacy" search or call Caremark Customer Care toll-free at 1-866-409-8522 .	Simply mail your original prescription along with the mail service order form to Caremark. Your medicines will be sent directly to your home.
Cost to You:	<ul style="list-style-type: none"> \$7 for each generic medicine \$15 for each brand name medicine on the drug list* \$25 for each brand name medicine not on the drug list* 	<ul style="list-style-type: none"> \$14 for each generic medicine \$30 for each brand name medicine on the drug list* \$50 for each brand name medicine not on the drug list*
Test 12-01-07 Co-pays:	Please access www.caremark.com/cookcounty to determine approximate co-pays.	
Day Supply Limit:	30-day supply	90-day supply
* Special Note:	If you choose to buy a brand drug when a generic substitute is available, you will pay the generic co-pay plus the cost difference between the generic and brand drug.	
On-site Pharmacy:	Located at 60 W. Washington Phone 312-629-1621	
Web Services:	Register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your benefit ID card handy.	
Caremark Customer Care:	Call toll-free 1-866-409-8522 or visit www.caremark.com	

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Frequently Asked Questions

ABOUT THE RETAIL PROGRAM

Q. Can I receive additional ID cards?

A. Additional ID cards may be obtained by contacting Caremark Customer Care toll-free at **1-866-409-8522**.

Q. May I obtain my medicine from a non-participating pharmacy?

A. In most instances, you will not need to visit a non-participating pharmacy because there are over 60,000 participating pharmacies in the Caremark program. When you choose to go to a non-participating pharmacy, you will pay 100 percent of the prescription price. You may then submit a paper claim form, along with the original prescription receipt(s), to Caremark for reimbursement of covered expenses.

Q. How do I switch my prescription from a non-participating retail pharmacy to a Caremark participating retail pharmacy?

A. Go to a Caremark participating retail pharmacy and tell the pharmacist where your prescription is currently on file. The pharmacist will contact the pharmacy and make the transfer for you. To find a nearby Caremark participating retail pharmacy, call Caremark Customer Care toll-free at **1-866-409-8522** or use the "Find a Local Pharmacy" search on Caremark.com.

Q. When should I use a retail pharmacy instead of the Caremark Mail Service Program?

A. You should use the retail pharmacy for your immediate and short-term medicine needs. Use the mail service program for your long-term maintenance medicines.

ABOUT THE MAIL SERVICE PROGRAM

Q. Why should I use the Caremark Mail Service Program for my prescriptions?

A. The Caremark Mail Service Program provides a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medicine for direct delivery to your home with free standard shipping. By using your mail service program you minimize trips to the pharmacy while saving money on your prescriptions.

Q. How long does it take for my prescriptions to arrive by mail?

A. You can expect to receive your prescription approximately 10 to 14 calendar days after Caremark receives your order.

Q. How do I check on the status of my order?

A. You can check your refill order status at **www.caremark.com** or by dialing the Caremark toll-free number, **1-866-409-8522**.

Q. How should I ask my doctor to write my prescription to receive the maximum benefit from the Caremark Mail Service Program?

A. Remind your doctor to write "90-day supply plus refills", when clinically appropriate, for maintenance medicines that are purchased through the Caremark Mail Service Program. Caremark must fill your prescription for the exact quantity of medicine that your doctor prescribes, up to your plan design limit. When you need to take your maintenance medicine right away, ask your doctor for two prescriptions – one for up to a 30-day supply and one for up to a 90-day supply, with refills when clinically appropriate. Have the short-term supply filled immediately at a Caremark participating retail pharmacy and send the 90-day supply prescription to the Caremark Mail Service Pharmacy.

ABOUT THE CAREMARK DRUG LIST

Q. What is a drug list?

A. A drug list is a list of preferred prescription medicines that have been chosen because of their clinical effectiveness and safety. This list is typically updated every three months. The drug list promotes the use of preferred brand name medicines and generic medicines whenever possible. Generic medicines are therapeutically equivalent to brand name medicines and must be approved by the U.S. Food and Drug Administration for safety and effectiveness. Generic medicines also cost much less than brand name medicines.

Q. Where can I obtain a drug list brochure?

A. You can obtain a drug list brochure by either accessing **www.caremark.com** or by contacting Caremark Customer Care toll-free at **1-866-409-8522**. To save money, have your doctor prescribe a generic or preferred brand name medicine from the Caremark Drug List. You may want to take it with you when you visit your doctor for a prescription.

† Co-payment, co-insurance or co-pay means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.